



**School 3 (if applicable):**

School Name, Location (if known): \_\_\_\_\_

Year Entered: \_\_\_\_\_ Year Departed: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Please indicate the nature of the abuse(s) you experienced while at this Day School:

- Physical Abuse (hitting, ear pulling, strapping, etc)
- Severe Physical Abuse (loss of consciousness, impairment, hospital treatment, scars, etc)
- Sexual Abuse
- Emotional/Mental Abuse
- Student on Student Abuse
- Other (Please specify)

\_\_\_\_\_  
\_\_\_\_\_

Any additional comments. Attach additional pages to this form if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Please return the completed form by mail, email or fax as per below:

**Mail**

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**Fax:** 1-613-563-9869; Attention: Vanessa Lessard

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General information is also available at the following website: [www.indiandayschools.com](http://www.indiandayschools.com)

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